



Certification/Clearance Request Form

The fee for a Certification/Clearance letter is \$10.00, payable to the Director of Insurance. If more than one certification for the same individual is desired, please send \$10.00 for **each** of the certification letters. Please **print** or **type** the required information.

Social Security/FEIN Number: _____

Name: _____

Mailing Address: _____

Number of letters requested: _____

A letter of Certification is used to apply as a non-resident in another state; a Clearance letter is used when you are moving to another state. **Note:** A Clearance letter cancels your license effective the date it is issued.

I would like a Certification letter. _____

I would like a Clearance letter. _____

Signature of individual required for Clearance letter.

Important Notice: Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply may result in this form not being processed.